PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE and to a collection of information unless it displays a valid OMB control number.

Under the Pa	aperwork Reduction Act of	1995, no person are re	equirea to	respond to a collection				control numbe	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009				Complete if Known					
						10/587,549-Conf. #8921			
				<u> </u>		April 9, 2007			
				Thou Harriod Involtor		Gareth Wakefield			
						Cornet, Jean P.			
Applicant claims small entity status. See 37 CFR 1.27				7tt Offic		1614	314		
TOTAL AMOUNT OF PAYMENT (\$) 490.00				Attorney Docket No. Ko		(0181.70025US00			
METHOD OF PAYMENT (check all that apply)									
Check X Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCU	LATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
					EXAMIN	NATION FEES			
Application T	ype <u>Fee (\$)</u>	Small Entity Fee (\$)	Fee (§	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)	
Utility	330	165	540	270	220	110	10031	αια (ψ)	
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CL	V	Ū	V		Small Entity				
Fee Description								Fee (\$)	
Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple depen				390	195				
Total Claims			ee Paid (\$)	Multiple Dependent Claims					
- or HP = x =					<u>Fe</u>	ee (\$)	ee Paid (\$)	
	ber of total claims paid for,							_	
Indep. Claims Extra Claims Fee (\$)		Fee Paid (\$)							
	- or HP =	x =							
HP = highest num	ber of independent claims	paid for, if greater thar	1 3.						
3. APPLICATIO		1.100 1	c		. 11 6				
	ation and drawings ex der 37 CFR 1.52(e)), t)	
	action thereof. See 35				or smarr c.	nerty) for each ac	iditional 30	,	
Total Sheet			` ′	additional 50 or frac	ction therec	of <u>Fee (\$)</u>	Fee I	Paid (\$)	
- 100 = /50 = (round up to a whole number) x									
							Fees	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1252 Extension for response within second mon						onth	49	0.00	
SUBMITTED BY									
Signature	/John R. Van Amsterdam/			Registration No. (Attorney/Agent)	40,212	Telephone	617.646.8000		
Name (Print/Type) John R. Van Amsterdam					Date	June 4, 2009			

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: June 4, 2009 Signature: /Sylvana Householder/